

## **TESTIMONY**

Submitted by Ann M. Olson, RN, BSN, MBA  
Executive Director  
Masonicare Home Health and Hospice

### **Appropriations Public Hearing on the Governor's Proposed FY 24 Budget Adjustments for Human Services Agencies**

**March 1, 2023**

Senator Osten, Representative Walker, Senator Lesser, Representative Gilchrist and distinguished members of the Appropriations Committee Human Service Subcommittee, my name is Ann Olson and I am the Executive Director for Masonicare Home Health and Hospice. It is my privilege to be speaking with you today on behalf of our organization.

Masonicare is the largest non-profit senior care continuum in CT and our Home Health and Hospice division is one of the largest Home Health and hospice agencies in CT. Masonicare has a census of almost 1200 home health and hospice patients and we provide care in 141 towns in all CT counties except for Litchfield county. Our organization is committed to providing care to all CT residents in need, regardless of their payor source or ability to pay. Our dedication to providing high quality, comprehensive homecare to Connecticut's most vulnerable, Medicaid population is well established and respected. Currently, our Medicaid patients represent over nine percent (9%) of our active daily census.

I have spoken to this committee several times in various home health leadership roles over the years. The significant agency hardship due to the longstanding inadequate Medicaid reimbursement rates are not sustainable. Masonicare has been forced to limit the number of Medicaid patients that we admit to service.

- **In total, Masonicare lost over \$650,000 to care for our Medicaid population in FY 2022.**
  - Masonicare loses approximately \$60 on every nursing and rehabilitation visit and \$10 per hour on home health aide services.
- **Masonicare has utilized private funds to cover social work services at a cost of \$17,775 in FY 2022.**
  - Social work interventions are critical for the Medicaid population! Additionally, since the COVID 19 Pandemic, we have seen an increase in patients who struggle with health, financial, psychosocial and emotional issues.
  - Social work services have never been covered by Medicaid.
  - By having social workers visit beneficiaries in their home through homecare services, we can help address these issues first hand. This can help to ensure that patients receive the services they need and that they can remain in the setting of their choice which is home. The cost savings to keeping patients out of the ED/hospitals and nursing homes would be a benefit to the state.

- There are additional uncovered costs of providing necessary care for many of these Medicaid residents
  - **Workforce shortages** and increased costs to attract and retain staff is more challenging than ever before
  - **Care costs for residents living in high risk urban areas** can require escort services or joint visits with associated additional costs
  - **Burdensome administrative costs** due to industry regulatory burdens, including the EVV administrative costs of \$10,000 / year conservatively

Our commitment to high quality, cost effective outcomes continues, and our agency is proud to participate in the Medicaid value based initiative that is currently in progress.

**We recognize that balancing the State budget is challenging, but we respectfully request that:**

- The Medicaid reimbursement shortfall be corrected with an increase to the current home care Medicaid reimbursement rates.
- A consistent annual provider rate increase to account for COLA and inflation be established
- Establishment of a Medicaid social work visit reimbursement rate for licensed home health agencies

It is our fear that a failure to do so will result in more serious access issues for our Medicaid residents, causing potential and significant adverse consequences.

Thank you for the opportunity to provide testimony. Feel free to contact me with any questions.

Ann Olson

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